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DEC 15 2023

CLERK, U.S. DISTRICT COURT
ST. PAUL, MINNESOTA

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

Roger Jerome Day, M.D., et. al

Plaintiff(s),

vs.

Case No. 23-cv-3826 (PAM/ECW)
(To be assigned by Clerk of District Court)

Kerth Ellison, et. al

DEMAND FOR JURY TRIAL

YES ☒ NO ☐

Defendant(s).

(Enter the full name(s) of ALL defendants in
this lawsuit. Please attach additional sheets
if necessary).

COMPLAINT

(I need disability
accommodation to
add other plaintiffs.)

PARTIES

1. List your name, address and telephone number. Do the same for any additional plaintiffs.

a. Plaintiff

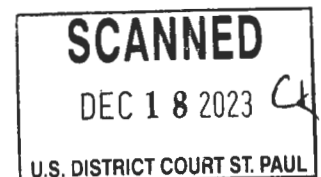
Name Roger Jerome Day, M.D.

Street Address 9701 Xebec St. NE

County, City Anoka Co.; City of Blaine,

State & Zip Code Minnesota, Circle Pines Post Office 55014

Telephone Number 612-710-3890



(b...)(disability accommodation is needed to complete
plaintiff list.)

2. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption.

a. Defendant No. 1 Keith Ellison

Name in his personal capacity, and capacity as A.G.

Street Address % Minnesota Office of the Attorney General
445 Minnesota Street, Suite 1400

County, City Ramsey Co., City of St. Paul

State & Zip Code Minnesota St. Paul Post Office 55101

b. Defendant No. 2 Tim Walz

Name in his personal capacity, and capacity as Governor

Street Address % Minnesota Office of the Governor
75 Rev Dr. MLK Jr. Blvd, #130

County, City Ramsey Co., City of St. Paul

State & Zip Code Minnesota, St. Paul Post Office 55155

c. Defendant No. 3 Dan Garin

Name in his personal capacity, and capacity as Attorney for B.O.P.

Street Address % Minnesota Board of Pardons/MN Dept. of Corrections
1450 Energy Park Dr., Suite 200

County, City Ramsey Co., City of St. Paul

State & Zip Code Minnesota, St. Paul Postal Office 55108

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES AND ADDRESSES ON A SEPARATE SHEET OF PAPER.

Check here if additional sheets of paper are attached: ☐ → need disability accommodations to list additional defendants
Please label the attached sheets of paper to correspond to the appropriate numbered paragraph above (e.g. Additional Defendants 2.d., 2.e., etc.)

JURISDICTION

Federal courts are courts of limited jurisdiction. Generally, two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount of damages is more than \$75,000 is a diversity of citizenship case.

3. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Question

☒ Diversity of Citizenship

4. If the basis for jurisdiction is Federal Question, which Federal Constitutional, statutory or treaty right is at issue? List all that apply.

Federal Constitutional questions of Equal Rights and Due Process
statutory questions of R.I.C.O., conspiracy against rights
under color of law; violations of Americans with Disabilities Act;
& other...

5. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? Each Plaintiff must be diverse from each Defendant for diversity jurisdiction.

Plaintiff Name: Roger Day

State of Citizenship: Minnesota

Defendant No. 1. 4.

State of Citizenship: Illinois

Defendant No. 2. (5...)

State of Citizenship: (various non-MN)

Attach additional sheets of paper as necessary and label this information as paragraph

5. need disability accommodation to complete.)

Check here if additional sheets of paper are attached. ☒

6. What is the basis for venue in the District of Minnesota? (check all that apply)

☒ Defendant(s) reside in Minnesota

☒ Facts alleged below primarily occurred in Minnesota

☒ Other: explain

Some of facts alleged are internet-based and global in their reach, occurring from diverse origination but forming a nexus that is Minnesota-centric.

STATEMENT OF THE CLAIM

Describe in the space provided below the basic facts of your claim. The description of facts should include a specific explanation of how, where, and when each of the defendants named in the caption violated the law, and how you were harmed. Each paragraph must be numbered

separately, beginning with number 7. Please write each single set of circumstances in a separately numbered paragraph.

and - co-defendants are
7. Keith Ellison ^{is} intentionally disseminating false information (about me and my medical history) on ~~a~~ state government websites.

8. Keith Ellison and co-defendants are obstructing my applications for disability accommodation

(9....) I need disability accommodation to complete the list of allegations in the complaint

Attach additional sheets of paper as necessary.

Check here if additional sheets of paper are attached: ☐

Please label the attached sheets of paper to as Additional Facts and continue to number the paragraphs consecutively.

REQUEST FOR RELIEF

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking.

I want the Court to: ① enjoin defendants from disseminating the false information;

② compel defendants' A. D. A. Compliance

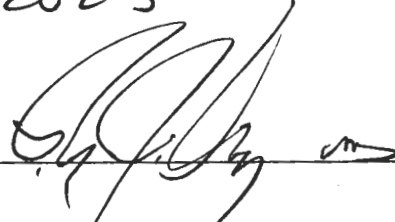
③ declare defendants have violated and are violating plaintiff's civil rights

④ declare defendants do comprise a RICO
syndicate that is doing corrupt acts; (S...)
⑤ I need disability accommodation to complete the relief list.

need disability accommodation to complete list of relief sought. → (greater than minimum required for action.)

Signed this 15 day of December 2023

Signature of Plaintiff



Mailing Address

9701 Xebec St. NE
Circle Pines, MN 55014

Telephone Number

612-710-3890

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide his/her mailing address and telephone number. Attach additional sheets of paper as necessary.

need disability
Accommodation
to complete.